

MULTIPLE DEPENDENT CLAIM  
CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SEARCHED

APPLICANT(S)

FILING DATE

40-538806

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS	11	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.			↑		↑	↑
TOTAL DEP.			↑		↑	↑
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████

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